BIRTH CERTIFICATE REQUEST FORM

Please print out this form and return with a self-addressed, stamped envelope to:

Northampton City Clerk City Hall, Room 4 210 Main Street Northampton, MA 01060

Requests submitted through the mail will be processed on the date they are received. Please note certain records are restricted to only parties listed on the record and will require photo identification – to avoid delay in processing your request please include a copy of your photo id.

	ecord of birth:	
First	Middle	Last
	Date of Birth	
Full Mai	den Name of Mother (First, Middle,	Last)
Full Name of Fathe	er, Second Parent or Co-Parent (Fire	st, Middle, Last)
Signature of Reques	ter Relationship to	o Name on Record
Signature of Reques	ter Relationship to Daytime Phone Number	o Name on Record

We accept cash or money order only. Personal checks are not accepted.

Northampton".

Enclose \$15 for each copy requested. Money Orders must be made payable to "City of